

# Los Angeles County Sheriff's Department

## Officer Involved Shooting

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Report Date: 7/24/17		Bureau/Station/Facility: Santa Clarita Valley Station		Admin. Invest.? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
Incident Information					
URN: 016-00571-0612-013		Date: 01/14/2016		Time: 1945	
City or Station: Santa Clarita Valley Station		Nature of Incident: Suspect Miguel Hernandez was shot and killed by Deputy Nathan Gillespie during a traffic stop.			
Location: Nathan Hill Road and Shangri La Drive, Canyon Country					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other:		Lighting (check only one): <input type="checkbox"/> Darkness <input type="checkbox"/> Daylight <input type="checkbox"/> Other <input checked="" type="checkbox"/> Street Lights  Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain  Distance:		Incident Type (check one or more): <input type="checkbox"/> Accidental <input type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input checked="" type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input type="checkbox"/> Observation <input checked="" type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit  Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol  Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>		Total # of Shots Fired by Deputy: 1		Total # of Shots Fired by Suspect: 0	
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City		Zip Code	
Last Name		First Name		M.I.	
Street Address		City		Zip Code	
Last Name		First Name		M.I.	
Street Address		City		Zip Code	
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Martin	Jeffrey	M	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
				<input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
	Bringas	Peter	E		
Watch Commander					
Employee #	Last Name	First Name	M.I.		
	Duran	James	R		

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<b>Non-Employee Witnesses</b>			
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph



# **Officer Involved Shooting Involved Employee Information**

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Involved Employee										
E 1	Employee #	Last Name			First Name			M.I.		
	Sex: M		Race: W		Rank: Deputy Sheriff		Unit Assignment: Santa Clarita Valley		Work Assignment (Unit #, Module, etc.): 63B	
	Shift Time (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		Shift Type (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting: 6		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
	Age: 210		Height: 5'11"		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:	
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
	Weapons Fired Brand: M&P		Caliber: 9MM		# Shots: 1		Weapons Fired Brand:		Caliber: # Shots:	
	Field Training Officer Emp #		Last Name		First Name		M.I.			
	Field Training Officer Emp #		Last Name		First Name		M.I.			
E	Employee #	Last Name			First Name			M.I.		
	Sex:		Race:		Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):	
	Shift Time (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		Shift Type (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
	Age:		Height:		Weight:		Range Qualification Date:		PPC Qualification Date:	
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots:	
	Field Training Officer Emp #		Last Name		First Name		M.I.			
	Field Training Officer Emp #		Last Name		First Name		M.I.			
E	Employee #	Last Name			First Name			M.I.		
	Sex:		Race:		Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):	
	Shift Time (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		Shift Type (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
	Age:		Height:		Weight:		Range Qualification Date:		PPC Qualification Date:	
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: # Shots:	
	Field Training Officer Emp #		Last Name		First Name		M.I.			
	Field Training Officer Emp #		Last Name		First Name		M.I.			

# Officer Involved Shooting Suspect Information

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Suspect Information										
S	Last Name Hernandez				First Name Miguel				M.I. A	
	AKA Last Name				First Name				M.I.	
	Sex: M	Race: H	Street Address: [REDACTED]		City: [REDACTED]		State & Zip Code: [REDACTED]			
	Work Phone:		Home Phone:		Social Security #: [REDACTED]		Driver's License #: [REDACTED]			
	Age: 39	D.O.B.: 10/06/76	Height: 508	Weight: 230	FBI #: [REDACTED]		CII #: [REDACTED]			
	Booking #		Primary Charge: ADW on a PO - 245(c) PC				Secondary Charge:			
	Coroner Case? <input checked="" type="checkbox"/>		Coroner Case # 2016-00421		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used: Methamphetamine, Marijuana			
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
	Vehicle Make Lexus		Model: ES300		Year: 2000		Parole: [REDACTED]		Prior Felony Conviction: [REDACTED]	
S	Last Name				First Name				M.I.	
	AKA Last Name				First Name				M.I.	
	Sex:	Race:	Street Address:		City:		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
	Age:	D.O.B.:	Height:	Weight:	FBI #:		CII #:			
	Booking #		Primary Charge:				Secondary Charge:			
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
	Vehicle Make		Model:		Year:		Parole:		Prior Felony Conviction:	
S	Last Name				First Name				M.I.	
	AKA Last Name				First Name				M.I.	
	Sex:	Race:	Street Address:		City:		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
	Age:	D.O.B.:	Height:	Weight:	FBI #:		CII #:			
	Booking #		Primary Charge:				Secondary Charge:			
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
	Vehicle Make		Model:		Year:		Parole:		Prior Felony Conviction:	
S	Last Name				First Name				M.I.	
	AKA Last Name				First Name				M.I.	
	Sex:	Race:	Street Address:		City:		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
	Age:	D.O.B.:	Height:	Weight:	FBI #:		CII #:			
	Booking #		Primary Charge:				Secondary Charge:			
	Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
	Vehicle Make		Model:		Year:		Parole:		Prior Felony Conviction:	